WRAP AND TECH:
EHR, MEASUREMENT AND FEEDBACK SYSTEMS, AND OTHER SUPPORTIVE ONLINE TECHNOLOGIES

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University of Washington

Wraparound Evaluation and Research Team

July 30, 2019

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Services Administration

This webinar is hosted by The Wraparound Evaluation and Research Team at the University of Washington (UW WERT), National Wraparound Initiative (NWI), and National Wraparound Implementation Center (NWIC). All partners in the National TA Network for Children's Behavioral Health, operated by and coordinated through the University of Maryland.

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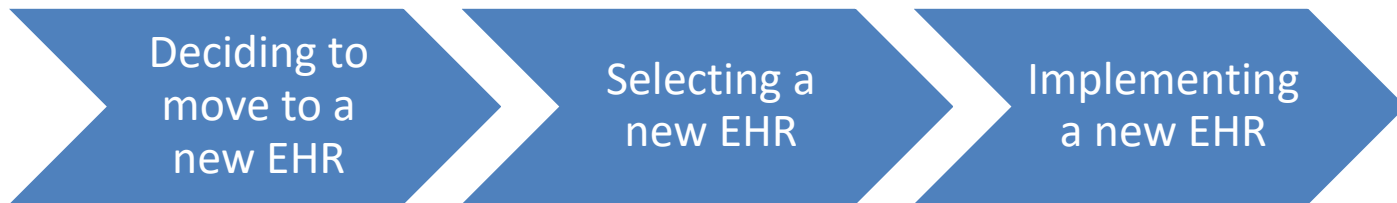
Wrap and Tech: Learning Objectives

- Understand the process of preparing for, selecting/developing, and implementing an Electronic Health Record

- Learn of the experiences of other wraparound organizations and systems of care in selecting and installing EHR

- Be able to aid in facilitating the EHR selection and installation process at your home organization or system

- Be prepared to use web-based information technology supports for evaluating Wraparound fidelity and outcomes

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- Poll 1:
- What best represents your role in Wraparound?
  - System-level leader/partner
  - Parent, youth, or family advocate
  - Wraparound Organizational leader/manager
  - Wraparound supervisor
  - Wraparound practitioner (e.g., care coordinator, parent peer partner)
  - Information technology (IT) specialist
  - Evaluation/research specialist
  - Other

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- Poll 2:
- How would you describe the current status of your Wraparound provider organization or Wraparound initiative?
  - We do not have an EHR
  - We do not have an EHR but are currently seeking a solution
  - We have an EHR but it does not meet our needs and we are hoping to replace it
  - We have an EHR and it does not meet our needs but it seems like we are stuck with it
  - We have an EHR and it meets our needs well enough

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Part 1: EHRs and Wraparound

Electronic Health Records

| Deciding to move to a new EHR | Selecting a new EHR | Implementing a new EHR |

1. Describe the overall process for selecting and implementing an EHR.
2. Concrete recommendations.
3. How do Wraparound initiatives and Systems of Care providers navigate this process?

Useful Resources

1. **SAMHSA EHR Boot Camp**: Six-course series about EHRs for substance use and mental health providers.

2. **HealthIT.gov**: Official website for the Office of the National Coordinator for Health Information Technology (ONC):
    a) "Health IT Playbook".
    b) Educational Module for Behavioral Health Providers.

3. Healthcare Information and Management Systems Society (**HIMSS**).

4. **StratisHealth's IT Toolkit for Behavioral Health**: Guides and worksheets for every step in the EHR selection and implementation process.

For a comprehensive resource list, go to the home page of the National Wraparound Initiative at www.nwi.pdx.edu
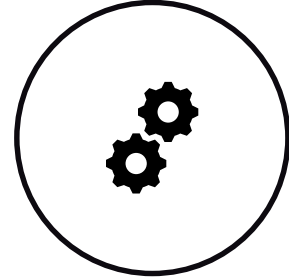
EHRs are Beneficial to Behavioral Health

Streamline and automate
Demonstrate impact
They benefit practitioners
Aggregate and reporting
Improved access
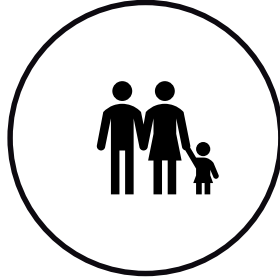
Better care
Increased privacy
**They benefit clients**
Improved access
Increased accountability

Interoperability
Care coordination
They benefit our health system
Lower costs
Increased efficiency

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- They facilitate **cross-system communication**.

- Youth and families can be more easily transitioned to new staff, especially important when there is **high-staff turnover**.

- Documentation provides **additional accountability** for difficult work.

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Our Surveyed "users" Have Low Opinions of the Systems They Use

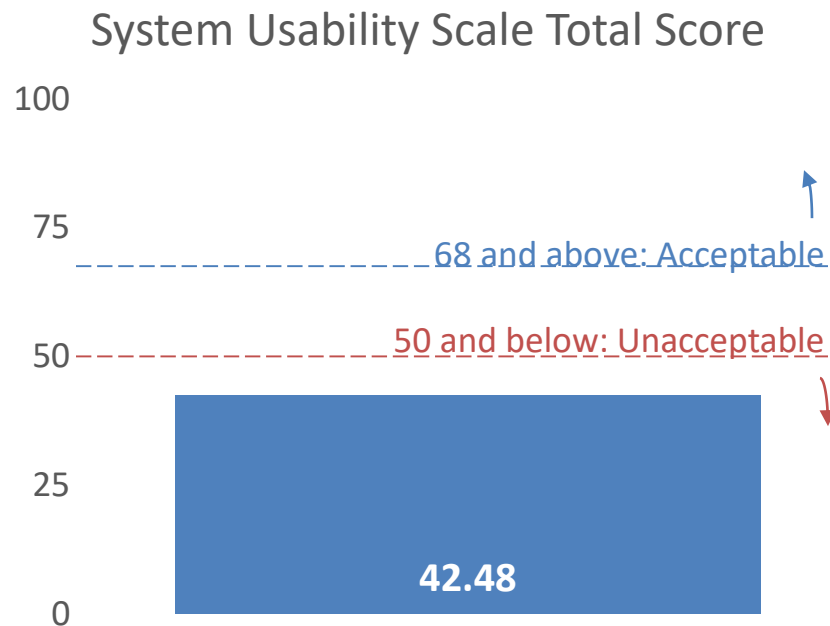## How satisfied are you with your site's EHR?
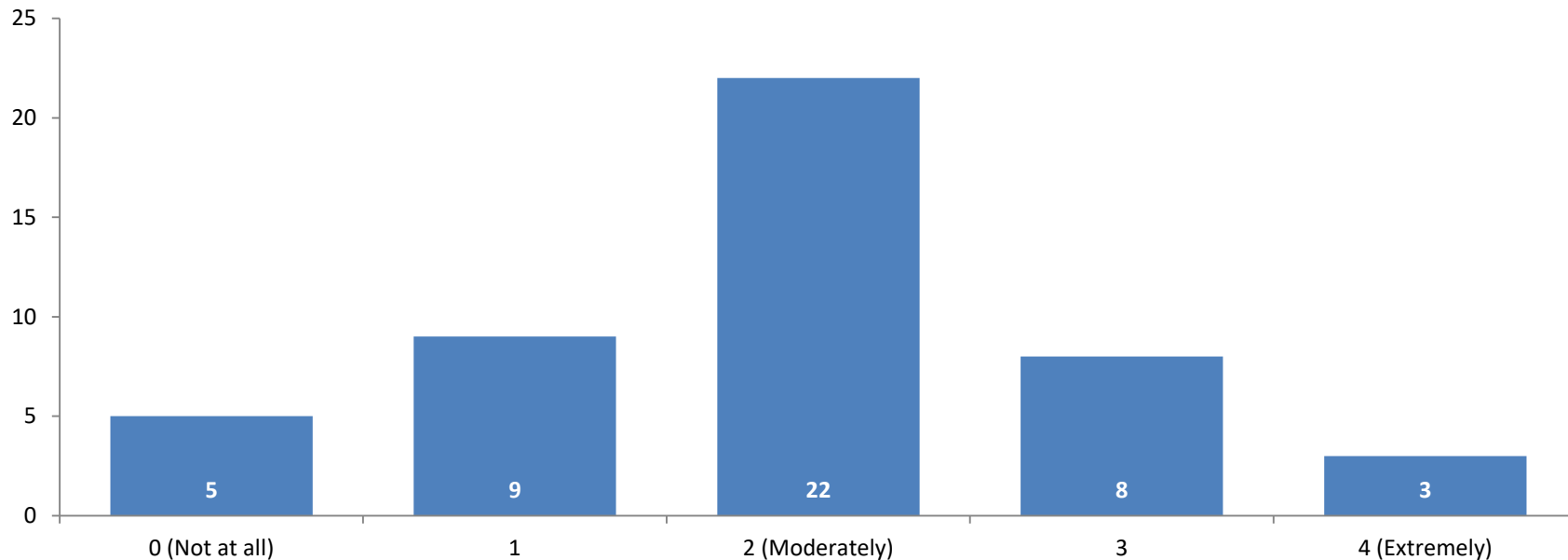
Hensley, S., Graham, C., & Bruns, E.J. (2018). *Electronic Health Records in a System of Care Setting: Lessons Learned from the Field.* Presented at Bi-Annual Children's Mental Health Training Institutes, Washington DC, July 2018.

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Our Surveyed "users" Have Low Opinions of the Systems they Use

The System Usability Scale asks respondents to rate statements like…

- I find our EHR unnecessarily complex.
- I feel confident using our EHR.
- The various functions of our EHR are well integrated.

System Usability Scale Total Score

68 and above: Acceptable

50 and below: Unacceptable

42.48

Hensley, S., Graham, C., & Bruns, E.J. (2018). *Electronic Health Records in a System of Care Setting: Lessons Learned from the Field.* Presented at Bi-Annual Children's Mental Health Training Institutes, Washington DC, July 2018.

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We Asked "Deciders" to Rank their Motivations for Moving to a New EHR System

Reasons to choose a new EHR:	% of times chosen as top 3 reason
To standardize information/data collection	77.1%
To make data easily available for analysis and reports	78.6%
To improve continuity of care	61.4%
Previous EHR was not meeting needs	41.4%
Funders/payers required it	17.1%
To keep up with the times/peers	11.4%

Hensley, S., Graham, C., & Bruns, E.J. (2018). *Electronic Health Records in a System of Care Setting: Lessons Learned from the Field.* Presented at Bi-Annual Children's Mental Health Training Institutes, Washington DC, July 2018.

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An EHR is not simply a piece of software. It is a transformation of your business.

Don't shop for an EHR the way you would shop for other software or IT.

HIMSS has Created a 5-step Guide for EHR Vendor Selection

1. EHR planning

2. Set goals that can be achievable through EHR benefits

3. Compare EHR vendor products

4. Request for proposal

5. Vendor selection and contract negotiation

Healthcare Information and Management Systems Society:
http://www.himss.org/news/ehr-vendor-selection-5-step-guide

1. What you want to achieve
   a) What is the bare minimum a system **has** to accomplish
   b) What would your system accomplish in an ideal world
2. What requirements you have
3. How much you can spend
4. What your workflows are like
   a) What you would **like** your workflows to be like in the future
5. The degree to which any specific vendor is "right" for your organization

This is all for **you** to decide, not for an EHR vendor to tell you!

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An EHR Selection Committee Makes These Decisions

- Include representatives from multiple divisions and levels of the organization
  - Executive / administrative
  - Providers
  - Billing
  - Information technology
- Task one person with being in charge, an "EHR Champion"
- If possible, include someone with some tech expertise
 - Someone to "translate" clinical needs into software features

EHR Steering Committee (the Decision Making Team)

- Purpose
  - Demonstrate and support whole organization buy-in
  - Ensure required organization stakeholders are at the table together
  - Guide project managers

- Participants
  - Led by CEO or Senior Executive
  - Finance, Quality Assurance, IT, Clinical, Operations

Assessing Your Needs and Setting Goals is Difficult

Be careful and take your time!

From the point in which your organization decided it was time to explore an EHR to the point when it was rolled out within the organization, how long did the process take? (n=71)
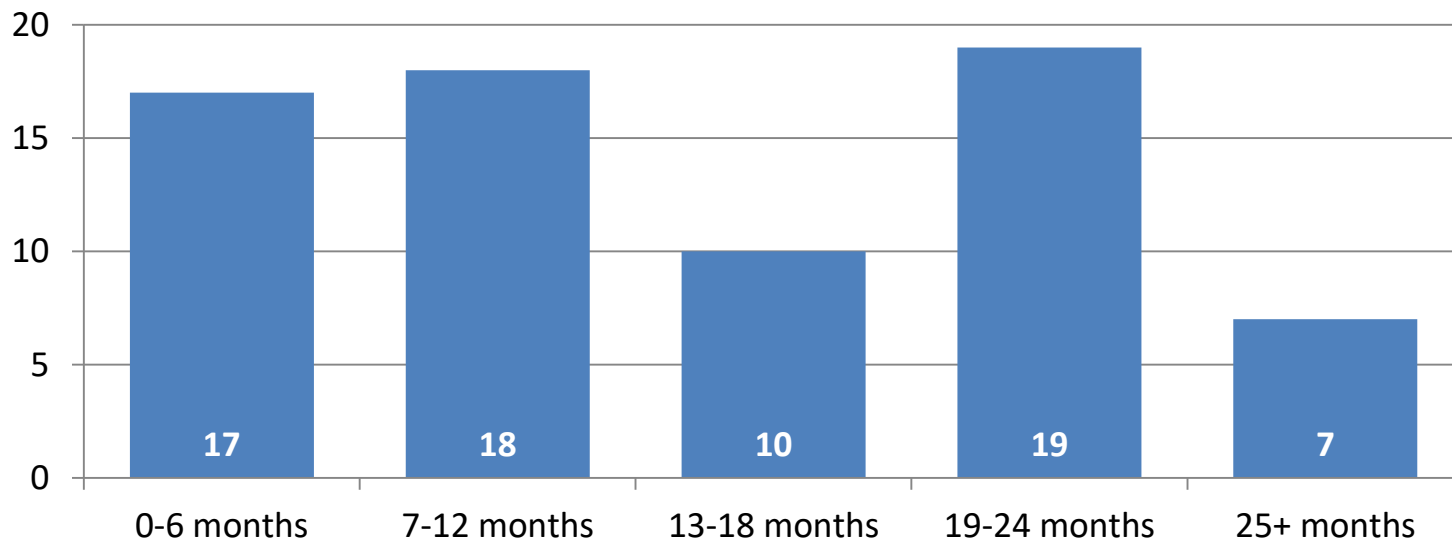
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EHR Steering Committee Discussions

- What are your **guiding principles**?
  - "In the long run, our system should help our providers do their jobs, not get in the way."
- What are your **organizational goals ?**
  - Expand services, improve a key outcome for clients
  - Improve staff satisfaction, reduce turnover
  - Demonstrate impact to stakeholders
- What features are **absolutely essential**, what **would be nice**, but aren't make-or-break, and what you **don't want** or need.
- **Talk to staff** about their workflows, as well as goals they have for a system and constraints and problems they foresee.

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- Poll 3:
- What would you say is the <u>primary</u> function or feature you would seek from a new EHR?
  - Support high-quality Wraparound practice
  - Capture case notes, plan of care, and other needed documentation
  - Support communication – team meetings, scheduling, electronic messaging
  - Reporting – e.g., to help managers oversee the program/initiative
  - Billing and costs
  - All of the above
  - **TIARA – if the attendee can select multiple of these, please allow that!**

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We Asked Our "Deciders" What Features Were Important to Them
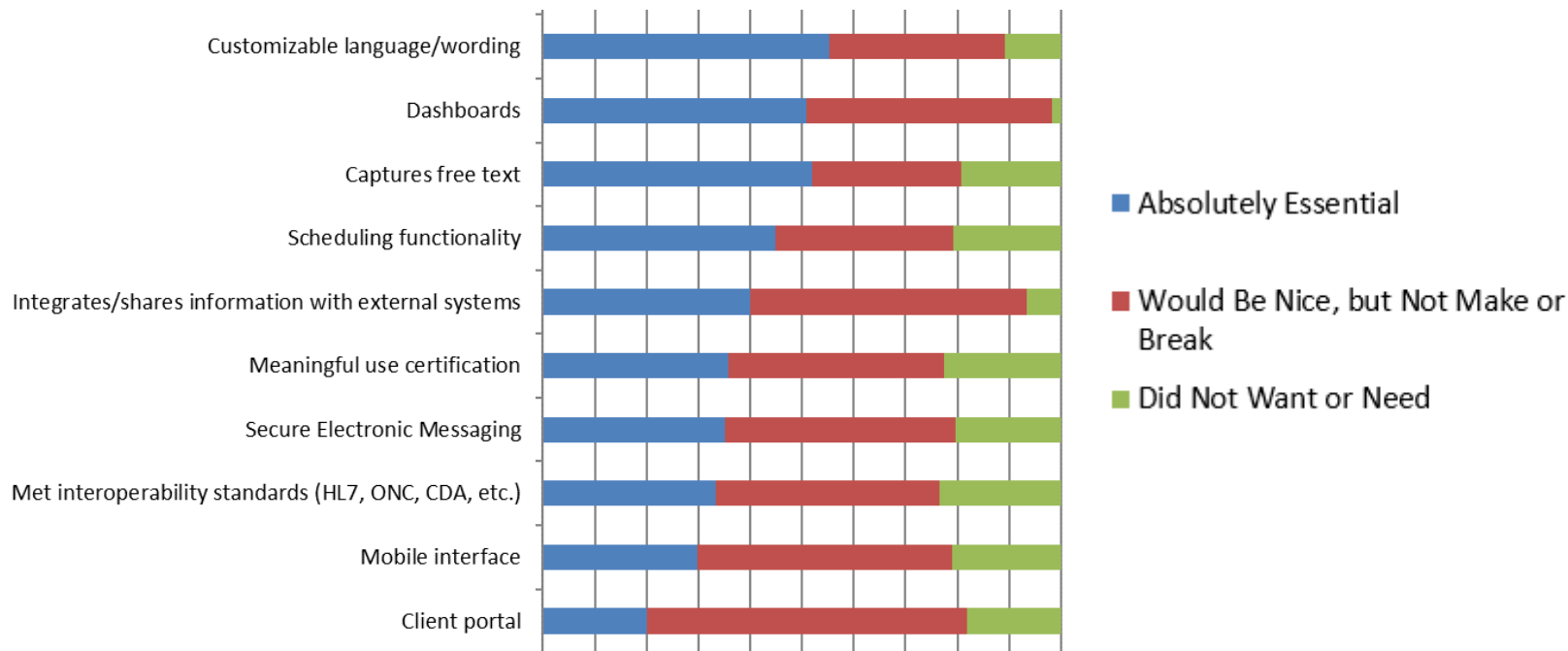
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Step Three: **Compare** EHR vendor products

There are Many Ways to Find Vendors

1. Ask other, similar organizations who their vendor is and who else they considered
2. Certified Health IT Product List: https://chpl.healthit.gov/
3. Put out a RFP
4. Talk to vendors at conferences:
   1. California Institute of Behavioral Health Solutions (CIBHS) Behavioral Health Infomatics Conference
   2. National Council for Behavioral Health Conference

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Our Interviewees Had Tips About Evaluating Vendors

- Ask about the costs of customizations or upgrades
  - Confirm that features you see in a demo are part of the "base" package and not additional costs
- Ask about training support
- Get references from current users
  - See the system "in the wild," if possible
  - Ask directly about pain points, both in the system and in the implementation process
- Look into the vendors financial health
  - For public companies, this is readily available
- Ask about how data can be got out of the system in a worst-case scenario

Plan of Care Management

Expanded view of Client Needs, Outcomes, Strategies and Tasks within the Plan of Care.

Team Based Care Coordination

Team Members | **Team Meetings**

Team Meetings

Add

Date	Type (Sub-Type)	Status	Invited	Attended	Edit Meeting	Worksheet
03/08/2019	Regular (Follow-up Meeting)	Complete	13	0	Edit Meeting	Worksheet
03/17/2017	Regular (Missing/Not Given)	Complete	5	4	Edit Meeting	Worksheet
11/12/2016	Regular (Follow-up Meeting)	Complete	11	5	Edit Meeting	Worksheet
10/12/2016	Regular (Missing/Not Given)	Complete	11	8	Edit Meeting	Worksheet
09/12/2016	Regular (Missing/Not Given)	Complete	11	4	Edit Meeting	Worksheet

Natural/Informal Supports

Name	Client Need Strategy Task	Crisis Plan Action Step Task	Phone Number	Email Address
Hawking, Eloise	Eloise will work with Kate on her art for the student art show. She will provide the paint /burshes/canvas.			unknown@wrap-tms.org
Hawking, Eloise	Ms.Hawking will check in with mom daily to be a positive influence regarding the new agreement of no visitors outside of the weekend.			unknown@wrap-tms.org
Austen, Jackie	Jackie will drive Kate back and forth to her EFT appointments.	Jackie will print out the school rules for Kate to review them.	(503) 777-8899	
Phillips, Danielle	Ms. Phillips will provide a progress report to therapist to note whether Kate seems to be getting enough sleep at night to be productive in class.	Danielle will create a weekly check in board and purchase stickers to show progress.		unknown@fidelityehr.com

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Team Meeting Worksheet　　　　**Printed:** 06/26/2019

Client Name: Esther Hernandez　　　**Case No:** EH010101A

Team Meeting Date: 06/28/2019

Next Team Meeting:

Client Name (Last, First, M.I.): Hernandez, Esther

DOB: 07/28/2000　　　　**Enrollment date: 05/01/2019**

Contact Information

Address:

Street1/Street2: 1715 Second St　　　City/State/Zip Code: Colorado Springs, CO 80907

Phone Number(s): (719) 502-5821

Parent/Guardian(s):

Name(s):Johnson-Hernandez, Betsy　　　Relationship: Birth Mother

Contact Information (if different from Client): Yes

Summary of Team Members

Name	Phone Number	Role	Invited	Attended
Arnold, Lindsay	(___) ___-____	Clinical Psychologist	✔	
Bell, Paul	(___) ___-____	Respiratory Therapist	✔	
Hawking, Eloise	(___) ___-____	School Nurse	✔	
Hernandez, Esther	(719) 502-5821	Client	✔	
Hernandez, Peter	(___) ___-____	Cousin	✔	
Hershey, Ted	(___) ___-____	Physical Therapist	✔	
Hill, Leila	(___) ___-____	Facilitator	✔	

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Real Time Progress Data
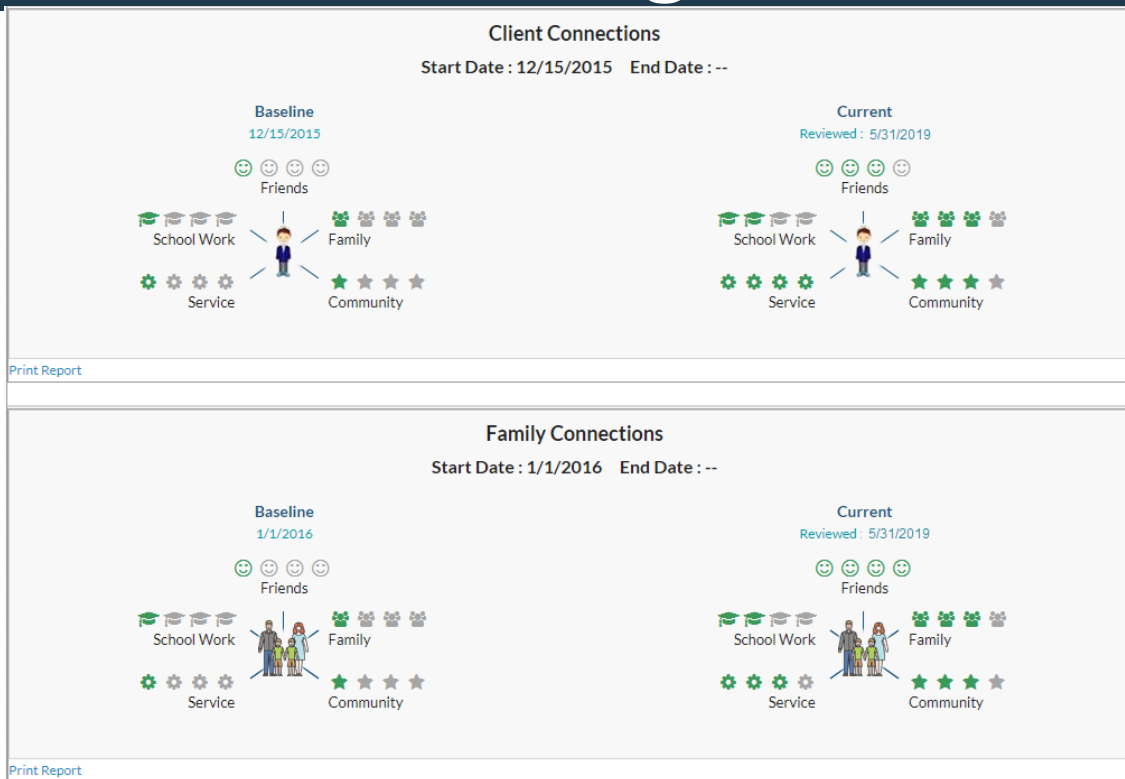
*New Release: Allows culturally specific Family Pictogram and Family Composition

Real Time Progress Data

Progress of Client Needs

Client Needs - Key

4 - This Need Has Been Met to Our Satisfaction

3 - Good Progress, With the Need More Than Halfway Met

2 - Some Progress, With the Need About Halfway Met

1 - A Little Progress, But the Need is Less Than Halfway Met

0 - No Progress Has Yet Been Made

Need 1: Esther needs to be supported to develop healthy self-regulating skills, to develop internal and external resources, and to develop self-confidence and self-efficacy to effectively understand and manage her anxiety.

Need 2: Esther needs to better understand her relationship with food and its association with her mood.

Need 3: Esther needs support to utilize healthy coping skills to reduce and eliminate her use of drugs and alcohol as a way to cope with her anxiety, depression and loneliness.

Progress of Client Needs
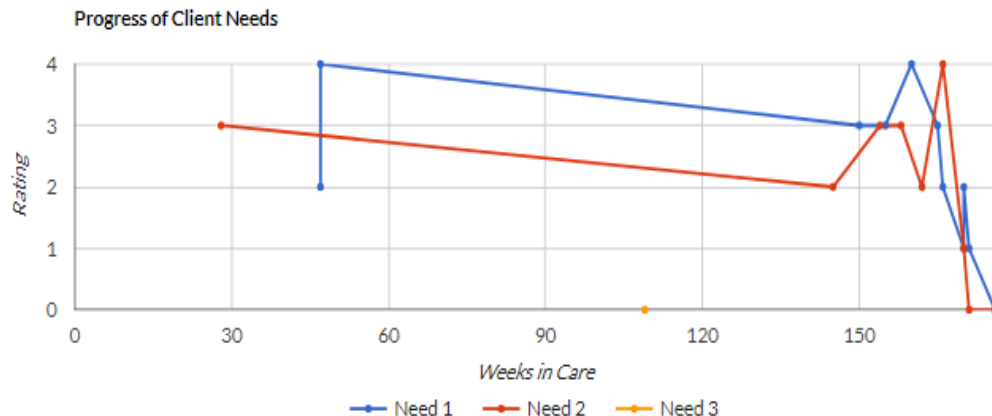
Business Intelligence to Support Clinical Decision Making
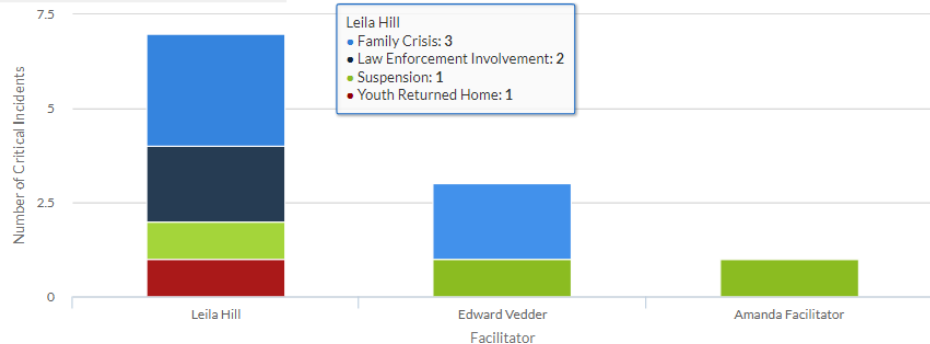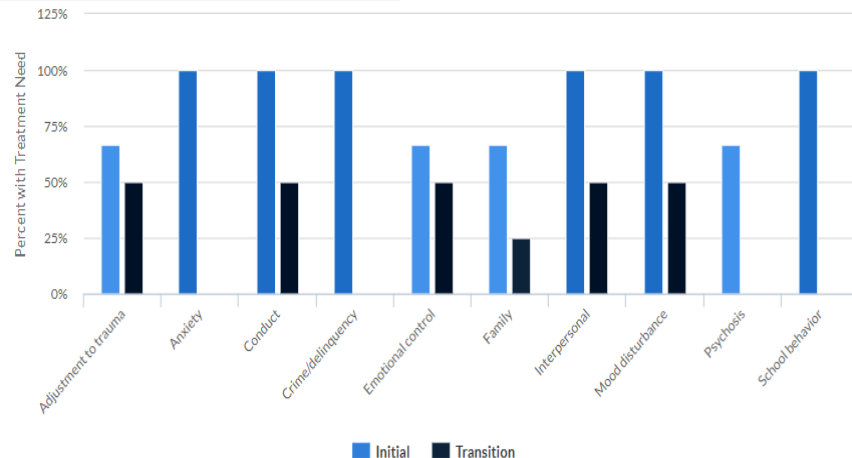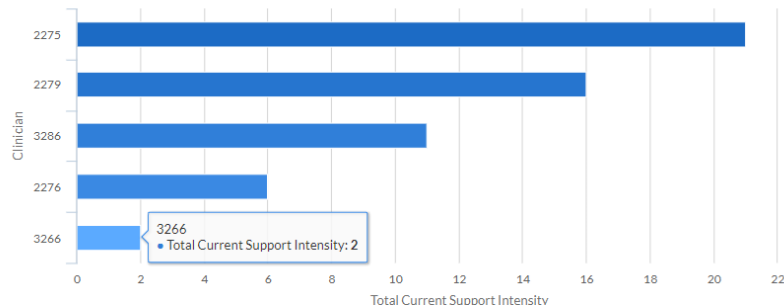
Tracking Care Coordination Costs

Report: Total Service Costs for POC by Month

Scope: Specific Dates

Content: Numeric and Text

Format: Graphical

From Date: 01/01/2016 **To Date** 12/31/2016

Remove Identifying Information? No

Facilitator	Client	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Facilitator, Amanda	Bell, Paul	-	-	$75.00	-	-	-	-	-	-	-	-	-	$75.00
Vedder, Edward	Doe, John	-	-	-	-	-	$25.00	-	-	-	-	-	-	$25.00
Hill, Leila	Hernandez, Esther	-	-	-	-	-	-	-	-	-	$50.00	-	-	$50.00
Vedder, Edward	Shephard, Jack	-	-	-	-	-	$200.00	-	-	-	$300.02	-	-	$500.02
Hill, Leila	Test, Kara	-	-	-	-	-	$50.00	-	-	-	-	-	-	$50.00
TOTAL COSTS		-	-	$75.00	-	-	$200.00	$75.00	-	-	$300.02	$50.00	-	$700.02

POC Service Costs by Month

Customer Information Report

Service Period: 01/13/2016 - 06/22/2016

Need Description: Kate needs to be reassured that her past hurts do not define who she is today.

Desired Outcome: Completing a requested chore or task without incident.

Start Date: 01/01/2019

Desired Completion Date: 07/26/2019

Strategy Description: Kate will participate in acupressure and Emotional Freedom Techniques (EFT) for stress reduction and trauma related anxieties 1x/week with Dr. Garcia (EFT therapist).

Service Name: Youth Support (HO)

Service Unit: .25 Hours   **Unit Rate:** $50.00
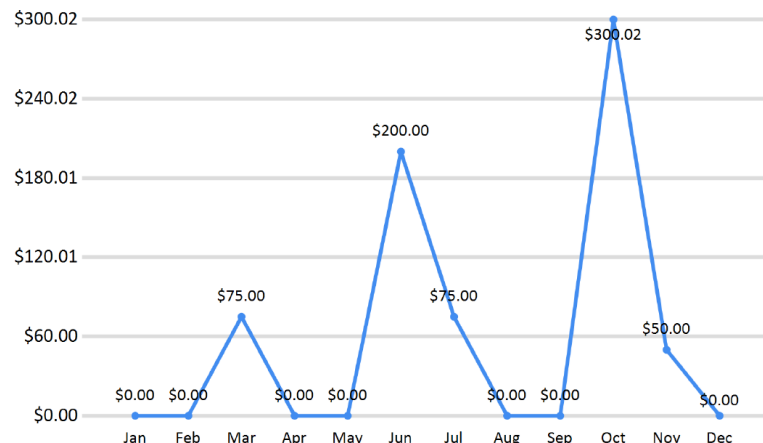
Procedure Code: FSOYS

Funding Source: Medicaid

Total Number of Units: 23.00

Units / Interval: 1.00 / Weekly

Direct Worker (if applicable):

BE PATIENT!

Several Things Must Happen Between Selecting and EHR and Going Live

1. System must be built or configured
2. Customizations must be complete
3. Workflows must be reviewed and possibly improved
4. System must be tested
5. Data may be transferred
6. Staff must be trained
7. Resources must be prepared

Set Staff Up to Succeed

- Customize and configure the EHR
  - Make sure language and codes match those used by your organization
- Think about data transfer
  - Do you want to start fresh? Can you?
  - Should ALL data be transferred?

Some tips from our interviewees:

- Identify innovators who can lead the charge
  - Use them as coaches who can supplement training
- Set up a Help Desk
- Use real data
- Be patient with staff
  - Change is hard
  - Expect a wide range of comfort with technology

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Competency Drivers

- Staff Selection
  - Gained an understanding of how each staff role would interact with the EHR

- Training
  - Piloted modules with small teams before moving out
  - Identified and utilized Super-Users

- Coaching
  - Super Users continued onsite new staff and booster trainings
  - Developed written support materials; how-to manuals, FAQs

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A Final Review

Deciding to move to a new EHR

- EHRs play a critical role in mental health care
    - Improving outcomes, increasing efficiency
- But implementation is key

Selecting a new EHR

- Don't shop for a new EHR the way you would shop for other new IT
- Create an EHR Committee
- Assess your needs and set goals that your EHR can achieve

Implementing a new EHR

- Take your time
- Prepare staff for success
- Work closely with your vendor

A new way to facilitate fidelity and outcomes monitoring for Wraparound Initiatives

WFAS
Wraparound Fildelity Assessment System

A multi-method approach to assessing the quality and context of individualized care planning and management for children and youth with complex needs and their families

- **Interview:** Wraparound Fidelity Index, v. 4
- **Survey:** short form, WFI-EZ

WFI-EZ

- **Observation:** Team Observation Measure, Version 2.0

TOM 2.0

- **Chart Review:** Document Assessment and Review Tool, v.2

DART

- **Program & System Assessments:** Stakeholder Survey / Standards Assessment

CSWI/ WIPS

www.wrapinfo.org

- Poll 4
  - What describes your use of the measures of the Wraparound Fidelity Assessment System?
    - We use one or more of the WFAS tools
    - We used to use them but no longer do
    - We do not use them but have considered it
    - We know of them but don't use them
    - What is the Wraparound Fidelity Assessment System?

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Overall Goals for the "New WrapTrack" (WrapSTAT)

- Storing information for all youth
  - Not just youth who were administered a tool
  - Allows for reporting on outcomes and demographics for entire population served

- Data needs all in one place
  - Collection
  - Tracking
  - Reports

- Information on program
  - Helps us know what is working (i.e. ideal caseload, staff turnover rates)

System Hierarchy

- 5 levels
  - **Uber** (WERT)
  - **Collaborator** (multi-organization configuration; possibly State)
  - **Organization** (multi-agency configuration; possible MCO)
  - **Agency** (e.g., agencies with multiple sites or offices)
  - **Site** (lowest level at which evaluation will happen or reports are needed)

Overview
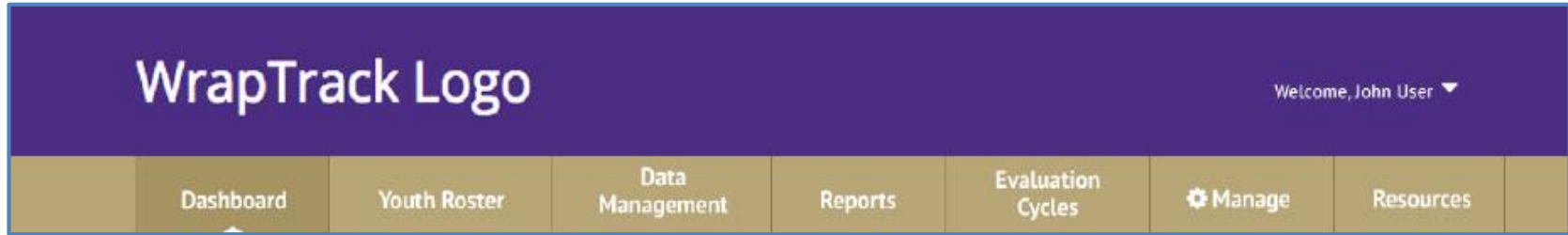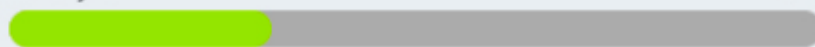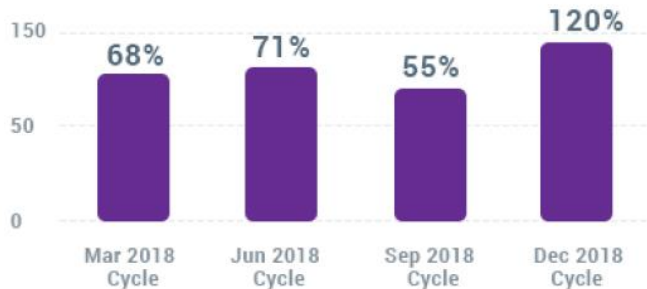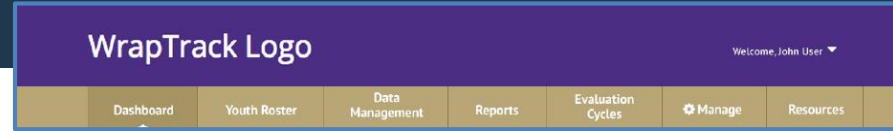
- Purpose: Entering youth into the system and managing information on all enrolled youth
  - Can enter in larger batch upload, download roster and update info
  - CSV file
- Fidelity evaluation samples will be pulled from youth on this roster
- Includes variables on enrollment / discharge dates and discharge status
  - Allows for tracking of critical outcomes over time:
  - Length of enrollment
  - Overall Success of discharged youth/families

Evaluation Cycles
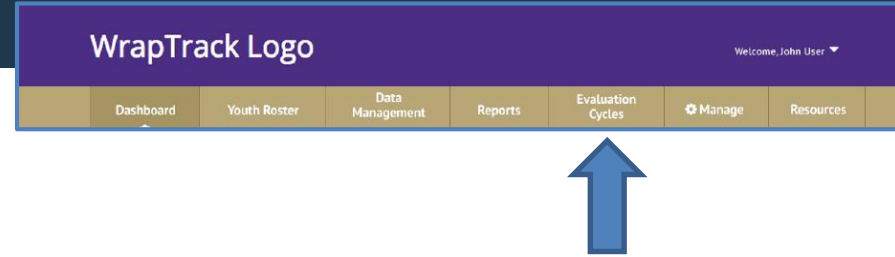
- # Purpose:
  - Initiates a unique fidelity evaluation "project"
  - Defines the "rules" for the "project"

Evaluation Cycles

TOM	DART	**WFI-EZ**

+ Add Evaluation Cycle

⚙ Cycle Default Settings

Cycle Name ▼	Site ▼	Agency ▼	Start Date ▼	End Date ▼	Cycle Type ▼	Sample Size ▼	Population Size ▼	Status ▼	Actions
WFI-EZ Jan-June 2019	Johnson County	Adult-and-Child	06-30-19	12-31-19	Fixed	230	332	Upcoming	✏ 👁
WFI-EZ Jan - Dec 2019	Johnson County	Adult-and-Child	01-01-19	12-31-19	Ongoing	180	332	Active	✏ 👁
WFI-EZ Jan - Apr 2019	Johnson County	Adult-and-Child	04-30-19	06-30-19	Ongoing	230	332	Closed	✏ 👁

Selected Sample

[↓ Download] [🖨 Print]

Youth Name/ID ▾	Site ▾	Agency ▾	Wraparound Enrollment Date ▾	Care Coordinator ▾	WFI-EZ ▾ Facilitator Phone Number	WFI-EZ ▾ Facilitator Email Address	WFI-EZ ▾ Youth Phone Number	WFI-EZ ▾ Youth Email Address	Action
Richard Antrum	Site 1	Agency 1	1/01/18	Lisa Mann	252-315-3443	f1@gmail.com	919-246-4331	ar2@gmail.com	✏
97531	Site 1	Agency 1	1/25/18	Lisa Mann	252-315-3443	f1@gmail.com			✏
Jeffery Lion	Site 1	Agency 1	1/01/19	Lisa Mann	252-315-3443	f1@gmail.com	910-316-4331	jll@gmail.com	✏
Latoya Jackson	Site A	Agency 2	1/08/19	Lisa Mann	252-315-3443		919-216-6424		✏
01234	Site A	Agency 2	1/01/18	Lisa Mann	252-315-3443	f1@gmail.com	252-246-7878	fav@gmail.com	✏
Johnathan Mcneil	Site 1	Agency 1	1/14/18	Lisa Mann	252-315-3443	f1@gmail.com	919-315-0933	jme@gmail.com	✏

[Done]

- Purpose: Aid data visualization and analysis
- Changes:
  - Pull data by organization, facilitator, NOT by creator
- Example Reports:
  - Demographics
  - Fidelity scores
  - Item level means
  - Relative strengths and areas for improvement

Questions and Needs for More Information!?

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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